

Child Profile Form

Please fill out **ONE child profile form for EACH child**. All information is strictly confidential.

Delegate Information:			
1.1 Name(s), first and last:			
1.2Telephone:			
1.3Email:			
1.4Other guardian contact information			
1.5 Name(s), first and last:			
1.6Telephone:			
1.7 Email:			
1.8 Emergency Contact			
1.9 Name(s), first and last:			
1.10Telephone:			
2. Child's Information			
2.1 Child's name(s):			
2.2 Child's age:			
2.3 Consent for outings, excursions and activities:			
Picture taken for registration purposes	Yes	No	
Excursions	Yes	No	
Walks	Yes	No	
Animals	Yes	No	
Face Painting Improv Care Inc. 290 North Queen Street Ste. 112	Yes Toronto Ontai	No rio M9C 5L2	



2.4	Allergies: type, high risk or low risk, treatment; please explain:
2.5	Medical issues: please describe in detail:
2.6	Restrictions: diet, rest, exercise, mobility, off-limit activities:
2.7	Restricted foods:
2.8	Regular or special routine requirements:
2.9	Please share any additional information that you would like us to know about your child or family
	10 Do you authorize Improv Care professional (s) to administer emergency first aid or medical atment in case of emergency? Yes No